

# Parker Healthcare Management Organization, Inc.

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## Notice of Independent Review Decision

**DATE OF REVIEW:** JANUARY 25, 2010

**IRO CASE #:**

### **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Medical necessity of proposed MRI Lumbar w/o contrast (72148) and X-ray Lumbar Flex, ext (72114)

### **A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION**

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in orthopedic surgery and is engaged in the full time practice of medicine.

### **REVIEW OUTCOME**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
722.93	72148, 72114		Prosp	1					Upheld

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

TDI-HWCN-Request for an IRO-15 pages

Respondent records- a total of 31 pages of records received to include but not limited to:

TDI letter 1.4.10; letters 12.9.09, 12.23.09; Request for an IRO forms; report Dr 12.8.09; script 12.3.09; patient face sheet; MRIoA report 11.25.09

Requestor records- a total of 24 pages of records received to include but not limited to: TDI letter 1.4.10; letter 12.23.09, 12.9.09; MRIoA report 11.25.09; Dr. note 8.25.09; Healthcare note 9.29.09; Dr. report 6.1.09; x-ray L spine 4 views 1.15.09

## **PATIENT CLINICAL HISTORY [SUMMARY]:**

Clinical History: the records presented for review begin with a radiology report dated January 15, 2009. There is a moderate spondylosis, osteophyte formation, retrolisthesis and bony sclerosis. Flexion/extension views were completed, and specifically reported no abnormal motion at any level.

Follow-up with Dr. in June 2009 reported that the injured employee was pending lumbar spine surgery. The previous spine surgeon was "no longer in the workers comp system" and another surgeon was being sought.

A psychiatric evaluation was completed and despite assigning a diagnosis of major depressive disorder and a chronic pain syndrome, the claimant was cleared for surgical intervention.

Dr. completed an evaluation on August 25, 2009. The presenting complaints were back pain and bilateral leg pain. This evaluation noted that there was an EMG, CT scan, discogram (post Discogram CT) and notation of "abnormal MRI scan revealing discogenic pain at L4-L5 and segmental instability demonstrable by both flexion-extension views." It would appear that radiographs were repeated and flexion-extension views noted some instability.

In September 2009, Dr. reviewed the lumbar MRI and this noted a "contained disc herniation," nuclear protrusion and spinal stenosis.

A request for lumbar laminectomy, discectomy, arthrodesis with cages and a bone growth stimulator was made and the IRO determination upheld the denial of the surgical request. Part of the denial was based on a lack of up to date clinical data.

Subsequent to this IRO denial, a request was made for a repeat MRI and outside flexion/extension films. This was non-certified and the request for reconsideration was also not certified. The position of the reviewer was that the injury is four years old, that this is a repeat work-up for a clinical situation that has already been established and that the request for fusion had not been endorsed by a prior IRO determination.

## **ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDELINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.**

### **RATIONALE:**

As noted in the Division mandated Official Disability Guidelines MRI's are "Recommended for indications below. MRI's are test of choice for patients with prior back surgery. Repeat MRI's are indicated only if there has been progression of neurologic deficit. ([Bigos, 1999](#)) ([Mullin, 2000](#)) ([ACR, 2000](#)) ([AAN, 1994](#)) ([Aetna, 2004](#)) ([Airaksinen, 2006](#)) ([Chou, 2007](#))" the indications are "Indications for imaging -- Magnetic resonance imaging:  
- Lumbar spine trauma: trauma, neurological deficit

- Lumbar spine trauma: seat belt (chance) fracture (If focal, radicular findings or other neurologic deficit)
- Uncomplicated low back pain, suspicion of cancer, infection, other “red flags”
- Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. (For unequivocal evidence of radiculopathy, see AMA Guides, 5th Edition, page 382-383.) ([Andersson, 2000](#))” thus the standards for such an evaluation are not listed in the progress notes presented by the requestor. Further, it is not clear how the requestor could determine segmental instability and pain as viewable on MRI.

In summary, with no progressive neurologic losses being objectified (or electrodiagnostic data being presented for review) and given that there are recent flexion/extension films completed, there is no clear clinical evidence presented to support that these studies are medically necessary.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES